



York County Area Agency on Aging
100 West Market Street
York, PA 17401
(717) 771-9610 or 1-800-632-9073
www.ycaaa.org



VOLUNTEER APPLICATION

MISSION STATEMENT: The York County Area Agency on Aging promotes the independence of older adults through education, advocacy and coordination of community-based services. Our primary commitment is to deliver quality services to older adults with the greatest social or economic needs; as resources allow, we may serve others with similar characteristics.

Name: _____
Last Name First Name MI

Address: _____
Street

City State Zip Code

Telephone: _____ **Cell phone:** _____

Other contact phone # (i.e. business): _____

Email address: _____

Emergency contact: _____
Name Relationship Phone #

Birth date: _____ **Drivers License #:** _____
Month/ Day/ Year

Languages you speak: _____

Areas of interest: (Circle areas of interest)

General Office Assistant	Special Events	Judicial Center Tour Guides
Telephone Support	Literature Delivery	Friendly Visitor
Matter of Balance Coach	Volunteer Ombudsman	Telephone Reassurance
Financial Counselor	APPRISE (Insurance Counseling)	New Horizon Delivery

Previous volunteer experiences, including length of time served:

Why do you want to volunteer for YCAAA?

List organizations: _____

I understand that acceptance to volunteer services are subject to verification of references and identity.

2) Name _____ Relationship _____
Address _____
City _____ State _____ Zip _____

If yes, please list: _____

_____ Non-minority (white)
 _____ Black
 _____ Hispanic
 _____ Other